

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	Smc		11/15/99
O.I.P.E. CLASSIFIER		43	11/18/99
FORMALITY REVIEW	g	71531	12/1/99

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 — (Through numeral) Canceled      A ..... Appeal  
 ÷ ..... Restricted      0 ..... Objected

Claim	Date
Final	
Original	
8	4/10/93
14	2/9/99
02030304	
1	✓
2	✓✓✓✓
3	✓✓✓
4	✓✓✓✓
5	✓✓✓✓
6	✓✓✓✓✓
7	✓✓
8	✓
9	✓
10	✓
11	✓
12	✓A✓0
13	✓✓✓0
14	✓✓✓✓
15	✓✓0
16	✓✓0
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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Best Available Copy